

**MINUTES OF THE PUBLIC HEALTH COUNCIL**

**Meeting of July 16, 2014**

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**

**PUBLIC HEALTH COUNCIL  
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
Henry I. Bowditch Public Health Council Room, 2<sup>nd</sup> Floor  
250 Washington Street, Boston MA**

---

**Docket: Wednesday, July 16, 2014, 9:00 AM**

---

**1. ROUTINE ITEMS:**

- a. Introductions
- b. Record of the Public Health Council Meeting June 18, 2014 **(Vote)**

**2. DETERMINATION OF NEED**

a. DoN Project Number 3-3C36 of Lawrence General Hospital (Lawrence)  
Replacement of existing surgical and related services through construction of an addition as well as renovation of existing space at main hospital campus. **(Vote)**

b. Amendment to DoN Project Number 4-3C11 of Massachusetts General Hospital (Boston)  
Amendment to extend DoN authorization period for expansion of its proton beam cancer treatment service and to adjust the approved capital expenditure for inflation. **(Vote)**

**3. FINAL REGULATION**

Proposed Amendment 105 CMR 201.000: *Head Injuries and Concussions in Extracurricular Athletic Activities* **(Vote)**

**4. INFORMATIONAL PRESENTATIONS:**

- a. Health Care Workers Influenza Vaccination
- b. Arbovirus Response

## Public Health Council

Presented below is a summary of the meeting, including time-keeping, attendance and votes cast.

**Date of Meeting:** Wednesday, July 16, 2014

**Beginning Time:** 9:13 AM

**Ending Time:** 11:26 AM

### Attendance and Summary of Votes:

Board Member	Attended	Item 1b	Item 2a	Item 2b	Item 3
		Records of the Public Health Council Meeting June 18, 2014	DoN Project Number 3-3C36 of Lawrence General Hospital	Amendment to DoN Project Number 4-3C11 of Massachusetts General Hospital	Proposed Amendment 105 CMR 201.000: <i>Head Injuries and Concussions in Extracurricular Athletic Activities</i>
Cheryl Bartlett	Yes	Yes	Yes	Yes	Yes
Edward Bernstein	Yes	Yes	Yes	Yes	Yes
Derek Brindisi	Yes	Yes	Yes	Yes	Yes
Harold Cox	No				
John Cunningham	Yes	Yes	Yes	Yes	Yes
Michele David	No				
Meg Doherty	Yes	Yes	Yes	Yes	Yes
Michael Kneeland	Yes	Yes	Yes	Yes	Yes
Paul Lanzikos	Yes	Yes	Yes	Yes	Yes
Denis Leary	Yes	Yes	Yes	Yes	Yes
Lucilia Prates-Ramos	Yes	Yes	Yes	Yes	Yes
Jose Rafael Rivera	Yes	Yes	Yes	Yes	Yes
Meredith Rosenthal	Yes	Yes	Yes	Recusal	Yes
Alan Woodward	Yes	Yes	Yes	Yes	Yes
Michael Wong	Yes	Yes	Yes	Recusal	Yes
Summary	13 Members attended	13 Approved with votes	13 Approved with votes	11 Approved with votes	13 Approved with votes

## PROCEEDINGS

A regular meeting of the Massachusetts Department of Public Health's Public Health Council (M.G.L. C17, §§ 1, 3) was held on Wednesday, July 16, 2014 at the Massachusetts Department of Public Health, 250 Washington Street, Henry I. Bowditch Public Health Council Room, 2<sup>nd</sup> Floor, Boston, Massachusetts 02108.

Members present were: Department of Public Health Commissioner Cheryl Bartlett (chair), Dr. Edward Bernstein, Mr. Derek Brindisi, Dr. John Cunningham, Ms. Meg Doherty, Dr. Michael Kneeland, Mr. Paul Lanzikos, Mr. Denis Leary, Ms. Lucilia Prates-Ramos, Mr. Jose Rafael Rivera, Dr. Meredith Rosenthal, Dr. Alan Woodward, and Dr. Michael Wong.

Absent member(s) were: Harold Cox, and Dr. Michelle David.

Also in attendance was Attorney Tom O'Brien, General Counsel at the Massachusetts Department of Public Health.

Commissioner Bartlett called the meeting to order at **9:13 AM** and reviewed the agenda.

### ITEM 1: Minutes

#### b. Record of the Public Health Council Meetings of June 18, 2014

Commissioner Bartlett asked if there were any changes necessary to the June minutes. Dr. Michael Wong made one point of clarification which was corrected. No additional comments were made.

Commissioner Bartlett asked for a motion to accept the minutes. Mr. Rivera moved; Dr. Bernstein seconded. All were in favor of acceptance with changes.

### ITEM 2: DETERMINATION OF NEED

#### a. DoN Project Number 3-3C36 of Lawrence General Hospital (Lawrence)

Replacement of existing surgical and related services through construction of an addition as well as renovation of existing space at main hospital campus. **(Vote)**

Following the presentation, Commissioner Bartlett opened the floor for discussion.

Dr. Woodward inquired about the large percentage of "shell space" that is reserved in regards to the expansion and asked when the applicant is planning to build it and for what purpose. Dr. Woodward also expressed his concern on the comment regarding "sprinklers or adequate ventilation" and inquired what other portions of the institution may have building code issues that need to be updated.

Mr. Jere Page explained that the shell space is only 15,000 square feet as noted but the purpose is not yet specified. He agrees this is a significant amount of space in comparison to other projects that also included shell space.

Denise Palumbo, Executive Vice President and COO of Lawrence General Hospital explained that after going through a master facility plan, the goal was to maximize this project and create shell space that the hospital can use for programs in the future. Ms. Palumbo explained that as mentioned, potential programs could include the Central Sterile Supply or other similar programs that would support other services in the building. Ms. Palumbo indicated that nothing has been finalized as yet but will report back to the Department once decided.

Dr. Woodward questioned what percent of the total physical plant is sub-standard. Mr. Dennis Ingram, Senior Director of Facilities and Capital Planning detailed the different percentages and number of square feet of the existing programs. Mr. Ingram then stated that all patient areas in the building currently have sprinklers. He cited an on-going program to install sprinklers in other areas as well. Mr. Ingram discussed the difficulties associated with setting up sprinklers in the existing Operating Rooms due to the hard ceilings and the necessity to shut down the OR for several months with the inability to provide services for that duration. He ensured that the hospital maintains proper staff at all times and conducts proper inspections of the entire facility.

Dr. Woodward asked whether the applicant has been able to update HVAC with the rest of the system adequately. Mr. Ingram responded that they have been able to address this concern by issuing a stronger maintenance program to replace the fans and belts on a regular basis, as well as the motors to ensure efficiency.

Dr. Woodward inquired about the medical office building and asked whether these offices need to be re-created elsewhere or if there is adequate space in proximity to the hospital. Ms. Palumbo clarified that the existing building accommodates functions other than medical offices and that occupancy in the building was very low. Ms. Palumbo also stated that the hospital had already coordinated with all of the occupants who have since moved to new and updated facilities.

Mr. Lanzikos inquired about the cost of constructing the Lamprey building and asked why it was more beneficial to renovate the old building rather than building new space. Mr. Ingram explained the Lamprey building was directly adjacent to the new construction and there is not enough land to accommodate all of the surgical needs within a new building. Mr. Lanzikos asked if there are other functions housed within the Lamprey building. Mr. Ingram explained the Lamprey building currently holds administrative functions as well as a series of outpatient clinics.

Mr. Brindisi questioned Ms. Cathy O'Connor about the current capacity of local health department, which she had noted is a fairly modest department. Mr. Brindisi inquired about the backbone support and dedicated staff mentioned during the presentation and asked whether these staff members are working out of the local health department. Ms. O'Connor explained that the city is currently re-organizing their governmental structure and is currently creating an office of planning and within it, the office of community development. Ms. O'Connor stated the staff is under this office, not the health department due to its infrastructure limitations. Commissioner Bartlett clarified that the staff which had been referenced is with the Mayor's Task Force.

Mr. Brindisi inquired about the school of public health mentioned during the presentation. Ms. O'Connor explained the applicants plan to use an RFR method to open up the opportunity to all interested schools.

Mr. Rivera asked if there is a way to evaluate the health initiatives and whether the community will play a role in the process. Ms. O'Connor ensured that the community will certainly be part of the evaluation and stated the plan will be developed through the partnership with the school of public health and the community.

Dr. Bernstein inquired about the language requirements and asked whether there was a problem to begin with and whether all requirements were met. Mr. Sam Louis replied that Lawrence General Hospital has in fact, a very strong language access program for all of their clients. He clarified that the conditions mentioned were established to ensure that the hospital continues to function at the same high-level efficiency.

After no further comments, Commissioner Bartlett asked for a motion to approve Project Number 3-3C36. Dr. Woodward moved to approve; the motion was seconded by Dr. Rosenthal.

b. Amendment to DoN Project Number 4-3C11 of Massachusetts General Hospital (Boston)  
Amendment to extend DoN authorization period for expansion of its proton beam cancer treatment service and to adjust the approved capital expenditure for inflation. **(Vote)**

Following the presentation, Commissioner Bartlett opened the floor for discussion.

After no further comments, Commissioner Bartlett asked for a motion to approve Project Number 4-3C11.

Dr. Woodward moved to approve; the motion was seconded by Dr. Cunningham. Dr. Meredith Rosenthal and Dr. Wong recused themselves.

### **ITEM 3: FINAL REGULATION**

#### **Proposed Amendment 105 CMR 201.000: *Head Injuries and Concussions in Extracurricular Athletic Activities* (Vote)**

Following the presentation, Commissioner Bartlett opened the floor for discussion.

Dr. Kneeland asked if there are any regulations or guidelines related to the diagnosis of a concussion. Ms. Carlene Pavlos explained that the regulations and the current statute make it very clear sideline diagnosis is not permitted. Ms. Pavlos explained that the statute itself is paralleled in the regulations stating that if one is pulled from play for a suspected concussion, the individual cannot return to play or practice the same day and is required to see an authorized clinician.

Dr. Woodward inquired whether being considered completely “symptom free” meant the individual’s cognition was returned to baseline. He then asked for examples of symptoms inclusive of the term “cognitive activity”, inquiring whether they are physical such as a headache or related to impaired cognition. Ms. Pavlos explained the regulations do not require baseline testing due to cost implications. Dr. Woodward clarified that he didn’t mean a tested baseline but rather a known baseline. Ms. Pavlos explained that the best practice guidance for schools includes information about returning to academics before re-entry. The guidance documents clarify what it means to be symptom-free during cognitive activity such as the student’s ability to return to classes, test, and doing homework in the same time allotted for students with no accommodations. Dr. Woodward was concerned about the wording of “cognitive activity” as opposed to “with normal cognition”. Ms. Pavlos suggested that this concern can be addressed and defined clearly in the guidance to schools and will further discuss this concern with the clinical advisory group.

Dr. Cunningham commented that Dr. Woodward’s suggestion is to ensure that students will return to their respective habitual cognitive performance level.

Commissioner Bartlett commented that this concern should be further discussed among the Clinical Advisory Committee to which Dr. Woodward agreed.

Mr. Rivera asked what languages the training materials were available in. Ms. Pavlos clarified that the regulations are not the public education materials. Ms. Pavlos explained that the Bureau’s website currently hosts CDC materials regarding concussions and is available in different languages. Ms. Pavlos noted that in terms of education and training, both providers and a list of stakeholders are required annual training. Ms. Pavlos noted that there is a list of approved trainings offered both online and in person in addition to written materials that are available in several languages for non-English speakers.

After no further comments, Commissioner Bartlett asked for a motion to approve the amendments. Dr. Wong moved to approve; the motion was seconded by Ms. Ramos.

### **ITEM 4: INFORMATIONAL PRESENTATIONS:**

#### **a. Health Care Workers Influenza Vaccination**

Following the presentation, Commissioner Bartlett opened the floor for discussion.

Dr. Woodward stated that according to a previously released report, several teaching hospitals were prepared to mandate influenza vaccinations in comparison to community hospitals and accounted for the major discrepancies found. In addition, Mr. Woodward stated that the MHA had also suggested mandating vaccinations. Dr. Woodward inquired why a plan of corrective action such as a citation was decided as opposed to regulating the issue. Dr. Woodward asked what will be the trigger that will motivate mandating this issue throughout the decision making process. Dr. Woodward suggested that if no substantive changes are seen, several other intuitions and organizations have recommended mandating the issue as a reasonable approach.

Dr. Madeleine Biondolillo expressed that her and Commissioner Bartlett are deeply concerned about this issue, specifically regarding the total vaccination rates among hospitals that are currently decreasing. Dr. Biondolillo explained that she believes the current outreach campaign, which includes potential reinforcement will help to quickly rectify the current situation.

Dr. Woodward asked whether the Department is going to request hospitals to submit data retrospectively. Dr. Biondolillo explained that this may not be feasible; however she ensured that the department will be moving forward with this campaign without skipping a flu season.

Dr. Woodward asked whether the Department is prepared to mandate if the current motivator is not sufficient. Commissioner Bartlett ensured Dr. Woodward the Department is fully prepared if the proposed motivator is not effective.

Dr. Wong asked whether the overall flu vaccination rates with declination are somehow tied into quality indicators. Dr. Biondolillo replied that they were and will soon be more closely tied to quality indicators for payment incentives. Dr. Wong commented that he suspects academic incentives will be a good motivator.

Dr. Kneeland inquired whether the denominator includes consultants such as IT personnel that may enter the facility for just a day. Ms. Eileen McHale clarified that the denominator included any personnel physically in the building for one day.

Mr. Lanzikos suggested using other additional strategies such as placing follow-up calls, offering technical assistance, and peer reinforcement to motivate particular actions of those facilities with declining rates. Ms. McHale explained that she has indeed already made follow up calls with various facilities who then explained the difficulty of collecting information from those independent practitioners the facility may not have contact information for.

Ms. McHale explained that CMS requires the use of the CDC's National Healthcare Safety Network for reporting influenza for healthcare personnel. Using this system and its standardized methodologies will result in HCP influenza vaccination percentages that are consistent over time within a healthcare facility and comparable across facilities. Use of this standardized system will also eventually allow Massachusetts' comparison to others states.

Mr. Lanzikos suggested that the Department offer best practice suggestions to all facilities regarding personnel that are either temporary or ongoing. Dr. Biondolillo stated that a Lahey chief administrator offered to be available on a consultative basis to any hospital or administrator and ensured several outreach opportunities in terms of a collaborative learning method.

Dr. Woodward asked whether the federal definition of "healthcare worker" was as expansive as the Department's definition. Dr. Woodward expressed his primary concern of knowing the vaccination status of healthcare workers, particularly those who will be present during flu season. He asked whether part of the problem was the definition itself. Dr. Biondolillo stated that since the existing measures have proven to be effective in certain facilities, perhaps there is no need to change the definition or make changes to the proposed method until necessary.

Dr. Cunningham left the meeting at 10:52 AM; Dr. Bernstein left the meeting at 10:53 AM; Mr. Denis Leary left the meeting at 10:56 AM.

#### b. Arbovirus Response

Dr. Woodward asked whether the total 74 cases of West Nile Virus that was referred in the presentation were all lab tested due to a significant portion of cases that are not lab-tested for common symptoms associated with other illnesses. Dr. Brown replied that these cases were indeed lab tested and recognizes this surveillance bias.

Dr. Woodward asked why it appears that Massachusetts is at the peak in terms of incidence for Triple E in comparison to the rest of the country. Dr. Brown explained that Triple E was discovered in MA and also has the second highest number of cases over time after the state of Florida.

Dr. Woodward inquired about the two different grids that were presented regarding the West Nile Virus. Dr. Woodward pointed out MA is depicted far below the national average. Dr. Brown explained that in comparison to other states, MA had a very low burden in regards to the West Nile Virus.

Mr. Jose Rivera left the meeting at 11:21 AM.

Mr. Lanzikos asked how the MA surveillance system compares to other states. Dr. Brown explained that the Massachusetts's surveillance system was designed around Triple E and is certainly viewed as a national model. Dr. Brown explained however that since 2008 both Massachusetts as well as other states has had a decrease in surveillance and response capacity for the West Nile disease.

Mr. Lanzikos inquired about the surveillance capacity in regards to "ticks". Dr. Brown responded that testing for tick related diseases is certainly possible; however surveillance typically occurs at human level by recording the number of cases as they occur. Dr. Brown stated that there is no simple-solution because it is not possible to spray for ticks like it is possible to spray for mosquitos. The department ensures to educate the public of how to prevent and protect themselves from tick-related issues.

At the conclusion of the council meeting, Commissioner Bartlett moved to adjourn the meeting. Dr. Woodward moved to approve, Dr. Wong seconded.

**The meeting adjourned at 11:26 AM on a motion by and passed unanimously without discussion.**

LIST OF DOCUMENTS PRESENTED TO THE PHC FOR THIS MEETING:

1. Docket of the meeting
2. DoN Pending List
3. Minutes of the Public Health Council meeting of June 18, 2014
4. Determination of Need memos
5. Proposed amendments to 105 CMR 201.000: *Head Injuries and Concussions in Extracurricular Athletic Activities*
6. Copies of all power point presentations (emailed upon conclusion of the meeting)

---

Commissioner Cheryl Bartlett, Chair